

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-870)**

SERIAL NO.  
**101643404**

FILED DATE

APPLICANT(S)

5-2-06

CLAIMS

NO.	AS FILED		AFTER ADDITIONAL AMENDMENT		AFTER END AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2	1					
3	2					
4	2		1			
5			2			
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50						
TOTAL IND.	1		1			
TOTAL DEP.	5		3			
TOTAL CLMNS	6		4			

NO.	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
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100						
TOTAL IND.			0		0	
TOTAL DEP.			0		0	
TOTAL CLMNS			0		0	

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS